

AUTISM COUNCIL  
AGENDA TOPIC SUBMISSION FORM

Agenda Topic: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Please check one:

☐ Announcement

☐ Action Item

☐ Report

☐ Discussion Item

Meeting Date Requested: \_\_\_\_\_

Time Requested \_\_\_\_\_

Person Presenting Topic: \_\_\_\_\_

Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Audio/Visual Requirements: ☐ Yes ☐ No

If yes, list needs: \_\_\_\_\_

Time Sensitive: ☐ Yes ☐ No

Handout: ☐ Yes ☐ No

Description of Agenda Topic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is recommended to submit the request three weeks prior to the Autism Council meetings so they can be reviewed and prioritized for each meeting. Thank you for your interest in supporting autism.

Notification the form has been received will be emailed to you within five days. This form can be emailed to Lisa Grost at [grostl@michigan.gov](mailto:grostl@michigan.gov).